

CGES SCHOLARSHIP PROGRAM APPLICATION

PERSONAL INFORMATION

Name: _____ **Birth Date:** _____

Address: _____ **Phone:** (____) _____

_____ **SSN:** _____

Parent or Guardian: _____ **SSN#:** _____

(Print)

Circle applicable category:

Coast Guard Active Duty / Reserve / Military Retiree / Current Auxiliarist / Current Civilian

Duty Station/Work Location: _____

Daytime Phone No.: (____) _____

(Print)

HIGH SCHOOL INFORMATION

School Name: _____ Phone: (____) _____

Address: _____

High School transcript enclosed: Y____ N____

S.A.T. or A.C.T. scores included on transcript: Y____ N____

If not, have testing agency forward the scores directly to the CGES Scholarship Committee.

Intended College Name & Address: _____

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES

- Continued -

MISCELLANEOUS INFORMATION

Community / Volunteer Activities

Work Experience

Dates of Employment / Company Name & Address / Type of Work

Additional Information

I assert that the above information is true and correct to the best of my knowledge:

(Signature)

(Date)

(Print Name)

PRIVACY ACT STATEMENT

Under the authority of 5USC 301, the personal data on pages 1 & 2 of this form is requested in order to process your application to compete for a CGES Scholarship award. Your Social Security Number will be used for identification. The office responsible for processing scholarship applications will retain this information for six months after which it will be shredded. It will not be divulged without your written authorization to anyone other than Coast Guard personnel involved with the administration of the CGES Scholarship Program and those serving on the selection committee. All personal data will be redacted from the application when making copies for the selection committee members to evaluate. You are not required to provide this information. However, failure to do so will result in your not being considered for a scholarship award.